

Environmental Protection Agency Internet Information

EPA Region 2

While Freedom of Information Act (FOIA) requests will be honored by directly writing to Region 2, EPA provides an increasing amount of environmental media information, and other Regional activities via Internet at <http://www.epa.gov>.

Region 2 has provided a FOIA Web site <http://www.epa.gov/region02/foia/> with several online databases from which the environmental information can be retrieved.

- **"Frequently FOIAed Files"** Web site <http://www.epa.gov/region02/foia/fff.htm> covers RCRA and many other media Programs. Through this Web site, you can learn about each media Program, associated databases, and special points of interest. In particular, the ability to "directly download" all of the most commonly requested Region 2 Export Files (.xls) and Reports (.pdf) - all compressed for quicker downloading.

EPA Region 2 has established a **list of contaminated facilities** that are a high priority for cleanup in New York, New Jersey, Puerto Rico and the U.S. Virgin Islands. You can view each facility fact sheet at <http://www.epa.gov/region02/cleanup/sites/>

EPA- Headquarters

- **Envirofacts Data Warehouse** Web site <http://www.epa.gov/enviro/index.html> is a one-stop source to the environmental information. This Web site provides access to several EPA databases with information about environmental activities that may affect air, water and land anywhere in the United States.
- **"My Environment"** Web site <http://www.epa.gov/myenvironment> is a powerful tool that provides a wide range of federal, state and local information about environmental conditions and futures in an area of your choice.
- **The Enforcement and Compliance History Online (ECHO)** Web site <http://www.epa.gov/echo/> provides a list of all inspections and enforcement under most of the environmental statutes.
- **Right-To-Know Network (RTK Net)**, a non-EPA Web site <http://www.rtknet.org/> on-line query engine provides free access to numerous databases and resources on environment.
- **National Biennial RCRA Hazardous Waste Report** Web site <http://www.epa.gov/epaoswer/hazwaste/data/biennialreport/index.htm> provides documents and data on hazardous waste reports.
- **Conditionally Exempt Small Quantity Generators** Web site <http://www.epa.gov/osw/hazard/generation/cesqg.htm> provides information on Conditionally Exempt Small Quantity Generators.



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• NJ0848585558

INSTALLATION ADDRESS

PITMAN-MOORE INCORPORATED
PO BOX 344
TITUSVILLE

NJ 08560

POSTLEY DR AND RT 579
TITUSVILLE

NJ 08568



GPSG

Global Pharmaceutical Supply Group

PCB
COPY FOR YOUR
INFORMATION

*cc: Muzza
Laposta*

General 3a

Abdul-RH

March 29, 2006

Certified #7004-2510-0001-824

Alan J. Steinberg, Regional Administrator
Environmental Protection Agency, Region 2
290 Broadway
New York, NY 10007-1866

Re: Notification Required Under 40 CFR 265 Skip Period LDAR
for Janssen Pharmaceutica, Titusville, NJ Facility
EPA ID #NJD048585558

Dear Mr. Steinberg:

As required for RCRA Subpart BB compliance, our facility is providing this notification per 40 CFR Part 265. This notification is required in §265.1062(a)(2) in order to implement the alternative work practices specified in §265.1062(b)(2), i.e., to Skip Period Leak Detection and Repair (LDAR) for valves in gas/vapor or light liquid service. Please forward this notification to the appropriate department.

The facility is currently in compliance with §265.1057 which requires monthly monitoring and allows quarterly monitoring of valves for which a leak has not been detected for two successive months. Therefore, the facility conducted the required quarterly sampling in January 2006. We plan to conduct sampling in April 2006, which upon finding no leaking equipment during that sampling event will allow the implementation of §265.1062(b)2. This will allow the skipping of the third quarter sampling in July with the next quarterly sampling being conducted in October 2006.

We believe this letter satisfies the notification requirements to implement the skip period LDAR at a frequency allowed in the regulations. If you have any questions regarding this notification, please feel free to contact me at 609-730-2329.

Sincerely,

Sean Coveney
Manager of Environmental Affairs

60-7111 8-23790
GLOBAL PHARMACEUTICAL SUPPLY GROUP
Janssen At Washington Crossing
1125 TRENTON-HARBOURTON ROAD
POST OFFICE BOX 200
TITUSVILLE, NEW JERSEY 08560-0200

cc: Rob Walters, Delta Environmental
Richard Moore, Alton Environmental Services, LLC

181807
DIV. OF ENVIRONMENTAL
06 APR -3 PM 12:34
U.S. EPA REGION 2



Pitman-Moore, Inc.
P.O. Box 207
Terre Haute, IN 47808
(812) 232-0121

August 25, 1989

Regional Administrator
U.S. EPA, Region II
26 Federal Plaza
New York, N.Y. 10278

Attention: Environmental Manager

This letter serves as a notification that Pitman-Moore, Inc. is no longer associated with the Washington Crossing facility in New Jersey (EPA I.D. number NJD048585558).

International Minerals & Chemical Corporation (IMC) purchased Pitman-Moore from Johnson & Johnson in 1987. Johnson & Johnson remained the owner of the facility and Pitman-Moore continued as operator at the same location, using facilities leased from Johnson & Johnson. At the same time, Pitman-Moore, Inc. became a wholly owned subsidiary of IMC.

The Washington Crossing, New Jersey facility (NJD048585558) reverted back to Johnson & Johnson of February 28, 1989. The final shipment of hazardous waste generated by Pitman-Moore, Inc. was removed from the Washington Crossing facility on March 3, 1989.

Pitman-Moore, Inc. has neither facilities nor personnel located at the Washington Crossing facility, identified by EPA I.D. number NJD048585558.

Sincerely,

John B. Gallagher
John B. Gallagher, Director
Manufacturing Regulatory Compliance

JBG/db

cc: Johnson & Johnson
N.J. Division of Hazardous Waste Management

BT,
Send copy to NS
original to PAB

707c off/done
Simon

AIR & WASTE MANAGEMENT
DIVISION

89 AUG 30 AM 8:26

ENVIRONMENTAL PROTECTION
AGENCY, REGION II



*Brought personally.
Spoke to H.R. Do
not need Part A. changed
TSD status. Generator only.
RP/5/8*

May 8, 1981

EPA - Region II
Information Service Center
26 Federal Plaza
New York, New York 10007

RE: NJD048585558
Pitman-Moore, Inc.
Route 579 & Postley Drive
Titusville, NJ 08560

Gentlemen:

In accordance with the Resource Conservation and Recovery Act of 1976 (RCRA), enclosed is a completed Form 8700-12, Notification of Hazardous Waste Activity. Until this time, Pitman-Moore, Inc. has been operating under the regulatory exemption of small quantity generator (40 CFR 261.5). At this time, we request an EPA Identification Number for generator.

As a protective measure, we also request Part A of an RCRA Permit for a storage facility.

We trust this is satisfactory. If there are any questions, please do not hesitate to contact us.

Sincerely,

PITMAN-MOORE, INC.


George E. Kragh
Director of Operations

GEK:paw
Enclosure

S	W	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 2 23 - 26	2 F 0 0 3 23 - 26	3 F 0 0 5 23 - 26	4	5	6
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 1 0 8 23 - 26	32 P 1 1 6 23 - 26	33 U 0 0 3 23 - 26	34 U 0 2 1 23 - 26	35 U 0 4 4 23 - 26	36 U 0 8 0 23 - 26
37 U 1 2 2 23 - 26	38 U 1 4 7 23 - 26	39 U 1 5 4 23 - 26	40 U 1 6 5 23 - 26	41 U 1 8 8 23 - 26	42 U 2 1 1 23 - 26
43 U 2 1 4 23 - 26	44 U 2 2 0 23 - 26	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

George E. Kragh
Director of Operations

May 8, 1981



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

05/04/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD048585558

FACILITY NAME -> JANSSEN PHARACEUTICA

MAILING ADDRESS -> 1125 TRENTON-HARBOURTON RD
TITUSVILLE, NJ 08560

INSTALLATION ADDRESS -> 1125 TRENTON-HARBOURTON RD
TITUSVILLE, NJ 08560

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: COVENEY, SEAN
SR ENVIRO ENGR
JANSSEN PHARACEUTICA
1125 TRENTON-HARBOURTON RD
TITUSVILLE, NJ 08560



JANSSEN
PHARMACEUTICA

40 KINGSBRIDGE ROAD
PISCATAWAY, NEW JERSEY 08855-3998

March 30, 1992

CERTIFIED MAIL # P 377 278 197

USEPA - REGION II
Permits Administration Branch
26 Federal Plaza, Room 505
New York, NY 10278

RE: EPA Notification of Regulated Waste Activity - Change of Owner
EPA ID No. NJD048585558
Janssen Pharmaceutica, Inc.
Mercer County, New Jersey

To Whom It May Concern:

The attached EPA Notification of Regulated Waste Activity Form (OMB No. 2050-0028) is being submitted for a change of ownership related to the above referenced facility. The facility was previously owned by Pittman Moore, Inc.

Should you have any questions, please call me at (609) 730-2329.

Very truly yours,

JANSSEN PHARMACEUTICA

Sean Coveney
Senior Environmental Engineer

SC/cb

Attachment

c: Gary Santonastaso, Janssen Pharmaceutica

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Date Received
(For Official Use Only)

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number
N J D 0 4 8 5 8 5 5 5 8

II. Name of Installation (Include company and specific site name)

J A N S S E N P H A R M A C E U T I C A

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 1 2 5 T R E N T O N - H A R B O U R T O N R O A D

Street (continued)

City or Town

T I T U S V I L L E

State

ZIP Code

N J

0 8 5 6 0 -

County Code

County Name

M E R C E R

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

C O V E N E Y

S E A N

Job Title

Phone Number (area code and number)

S R E N V E N G I N E E R 6 0 9 - 7 3 0 - 2 3 2 9

VI. Installation Contact Address (See instructions)

A. Contact Address

Location

Mailing

B. Street or P.O. Box

X

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

J A N S S E N P H A R M A C E U T I C A I N C

Street, P.O. Box, or Route Number

1 1 2 5 T R E N T O N - H A R B O U R T O N R O A D

City or Town

State

ZIP Code

T I T U S V I L L E

N J

0 8 5 6 0 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month

Day

Year

6 0 9 - 7 3 0 - 2 0 0 0

P

P

Yes X No

0 4

0 1

9 2

4/21/92 Sean Covey says there was a post office change in address at this site. He has given us the official location on this form.

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☒
3. Reactive (D003) ☐
4. EP Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
-

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F 0 0 1	F 0 0 2	F 0 0 3			
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
X 0 0 1	X 0 0 3	X 9 1 0	B 0 0 1	B 0 0 3	

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Gary P. Santonastaso

Name and Official Title (type or print)

Gary Santonastaso
Director of Engineering

Date Signed

3/30/92

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

INSPECTOR'S MULTI-MEDIA CHECKLIST

Facility Name: JANSSEN
Facility Address: 1125 Trenton-Harbourtown Rd
Titusville, NJ
Facility ID No.: NJD 048 585558
Facility Contact: SEAN ~~COE~~ COONEY
Facility Phone: 609-730-2329
Inspector's Name: Jim Sullivan
Inspector's Phone: X4138 Division/Branch: DECA-PCIS
Date of Inspection: 3/31/98

Referred to : _____ Date: _____

Date Response Received: _____

In Compliance: Yes _____ No _____

If Yes: Violation Resolved _____

Action Taken (describe) _____

INSPECTORS' MULTI-MEDIA CHECKLIST

GENERAL VISUAL CUES OF POSSIBLE NONCOMPLIANCE WARRANTING FURTHER INQUIRY

1. Sloppy housekeeping or poor maintenance in work and storage areas or laboratories.
2. Stains or discoloration of soil, concrete, or floors in work areas.
3. Distressed vegetation - unhealthy, discolored, or dead.
4. Dark smoke or dust clouds, or smoke coming from other than a smoke stack.
5. Unusual odors or strong chemical smells.
6. Sheen on surface waters.

CHECK IT OUT!

1. If you see or hear something suspicious during an inspection, check it out! Ask probing questions:
 - What is it? Is it a waste product?
 - What process produced it?
 - Has it been tested?
 - Where do you normally dispose of it?
 - Do you have a permit for the disposal?
 - How long has the circumstance existed?
 - When did it begin?
2. Pay attention to the situation.
 - Note amount of pollutant that appears to be involved.
 - Note the location.
 - Take notes describing the situation, noting the source of the pollutant and its emission point.
 - Take photographs.

PROGRAM-SPECIFIC QUESTIONS

Refer to program-specific questions in Attachment A appropriate for the facility you are inspecting.

REPORTING POSSIBLE NONCOMPLIANCE

Throughout this checklist, there are YES/NO questions. If you place an answer in a field marked with an asterisk (*), this means you should promptly refer the matter to the appropriate Region II program office. After you return from your inspection, immediately let your supervisor know that you observed possible noncompliance in another program area during your inspection. The information should then be referred to the appropriate Section Chief listed on Attachment B.

ATTACHMENT A - FOLLOW-UP QUESTIONSRCRA — *N/A*

If the facility has a RCRA permit or "interim status" as a treatment, storage or disposal facility (TSDF), do not complete this form but enter the facility's EPA ID number here _____.

Ask:

1. A. Has the facility determined that it generates hazardous waste? ___ YES ___ NO
 If NO, skip Questions 2 to 8 and go to Question 9. If YES continue:
 - B. If the facility generates or transports hazardous waste, what is its EPA ID Number? _____
 [If the facility cannot produce an ID Number, *REFER*.]
2. A. Are there containers or tanks which hold hazardous waste? ___ YES ___ NO
 If NO, go to Question # 3. If YES, continue:
 - B. Are the containers and/or tanks clearly marked with the words "Hazardous Waste," and are they marked with the accumulation start date? ___ YES ___ NO*
 - C. Do hazardous waste storage tanks have secondary containment systems (*i.e.*, berm, vault, double wall tank)? ___ YES ___ NO*
 - D. Does the facility store hazardous waste in containers or tanks for longer than 90 days? ___ YES* ___ NO
3. Does the facility store, treat or dispose of hazardous waste in lagoons, pits, piles or landfills? ___ YES* ___ NO
4. Does the facility treat hazardous waste by incineration, precipitation, neutralization or other means to change the physical or chemical nature of the waste? ___ YES* ___ NO
5. Does the facility accept hazardous waste for treatment, storage or disposal from off-site locations (including off-site facilities owned by the same company)? ___ YES* ___ NO
6. Does the facility maintain copies of hazardous waste manifests on-site? ___ YES ___ NO*

RCRA, Continued

REFER to program office if you check an answer marked with *.

7. Are there any indications that hazardous waste storage or treatment units (i.e., containers or tanks) are poorly maintained and may cause the release of hazardous waste to the environment? ☐ YES* ☐ NO
8. Are there any indications that chemicals or wastes have been discharged to the environment through improper handling, leaks, spills, dumping or other discharges? ☐ YES* ☐ NO
9. A. Does the facility claim to generate non-hazardous process wastes (i.e., excluding office paper wastes, cafeteria wastes, etc.)? ☐ YES* ☐ NO

If NO, go to Question 10. If YES continue:

- B. What type of non-hazardous wastes does the facility handle? (E.g., treatment sludges, ash, solvents, waste oils, etc.)

- C. Very briefly describe the process(es) that generate the wastes in Question 9B.

10. Are there any indications that waste generation, handling, management or disposal practices have resulted in environmental damage or pose the threat of such damage? ☐ YES* ☐ NO

RADIATION

Ask:

no longer

1. Are any radioactive materials used or stored at this facility? ☐ YES ☒ NO
2. If YES, does the facility have a state or federal radiation license? ☐ YES ☐ NO*

UNDERGROUND STORAGE TANKS (UST)

Ask:

1. Does the facility have regulated USTs? ☐ YES ☒ NO

REFER to program office if you check an answer marked with *.

[A regulated UST has more than 10% of tank volume, including piping, located underground; and contains petroleum products or hazardous substances (as defined under CERCLA). Note: USTs containing fuel oil for on-site heating are exempt from UST requirements.]

If YES, ask:

2. Are the USTs registered with the State? ☐ YES ☐ NO*
3. What kind of petroleum product or hazardous substance does UST contain? _____
4. Is there any evidence of UST leakage/spillage? ☐ YES* ☐ NO
5. When was the UST installed? _____
6. All USTs must have leak detection according to the following schedule:

<u>Installation Date</u>	<u>Leak Detection By December of--</u>
Before 1965 or unknown	1989
1965 - 1969	1990
1970 - 1974	1991
1975 - 1979	1992
1980 - Dec. 1988	1993

All USTs installed after December 1988 must currently be equipped with leak detection.

Leak detection systems include monitoring wells (water or vapor), automatic tank gauging system, interstitial monitoring, manual tank gauging or inventory control plus tank tightness testing.

7. Is some form of leak detection in use for every UST required (based on above schedule) to have it? ☐ YES ☐ NO*
8. Are required records available on-site (e.g., documenting registration and leak detection)? ☐ YES ☐ NO*

AIR Stationary Source Compliance

1. With sun BEHIND you, observe: Is opaque smoke being emitted from a smokestack, vent or opening? ☐ YES* ☒ NO

["Opaque smoke" is smoke -- not steam -- dark enough to obscure anything behind the plume for five minutes or more. (Steam dissipates at a given point; smoke trails off.) The sun (if not obscured by clouds) should be in a 140° arc behind the observer. Please note whether sun was obscured; if sun was not obscured,

REFER to program office if you check an answer marked with *.

note the relative positions of the sun, the observer and the emission point observed.]

2. If YES, ask:

A. Which process or process line is smoke coming from? (Try to be specific, e.g., "Boiler No. 4" or "Coating Line C").

B. What is the cause of the smoke emission? E.g.---

i. Is any air pollution control equipment out of service or turned off while production is ongoing? YES NO

ii. If YES: When will it be back on line? _____

iii. Is the facility operating under an unusual load, using different fuels, or process feed materials? YES NO

C. Note color of smoke: _____

3. A. Has the facility added any processes or expanded any pre-existing processes in the last two years? YES X NO

B. If YES: Did the facility obtain any state or federal air pollution permits for the expansion? YES NO*

4. A. Does the facility have any coating or printing operations?
YES X NO

B. If YES:

ii. Are the coatings or inks used: water-based or solvent-based?

i. If solvent based, are all process lines controlled, or are coating formulations in use which comply with applicable limits? YES NO*

iii. What are the principal solvents or chemical compounds used in process lines?
(Ask for copies of MSDS, if available.) _____

5. Observe: Are there strong solvent odors at the facility? YES X NO

7. Does the facility emit any of the following pollutants: mercury, beryllium, lead or asbestos? YES* X NO

8. A. Does the facility emit, or use in its processes, vinyl chloride or benzene? YES* X NO

B. If YES:

REFER to program office if you check an answer marked with *.

- i. From which process lines? _____
- ii. Does the facility check for leaks on such process equipment? _____ YES _____ NO*
9. A. Has the facility undergone any renovations or demolitions during the last 18 months which involved the removal or disturbance of asbestos-containing materials? _____ YES ☒ NO

If YES:

- B. Approximately how many square feet or linear feet of asbestos-containing materials were removed? _____
- C. If the amount exceeded 260 linear feet, or 160 square feet, *REFER* to Air program office; and Ask: was EPA notified of removal? _____ YES _____ NO*

CFC MULTI-MEDIA CHECKLIST QUESTIONS

Motor Vehicle Air Conditioning Recovery/Recycling Compliance Program

1. A. Does the facility perform servicing for motor vehicle air conditioners? _____ YES ☒ NO

B. If YES:

- i. Does facility have Recover/Recycle or Recovery only equipment? _____ YES _____ NO*

Prohibition on venting

2. A. Does the facility have any air conditioning/ refrigeration equipment or industrial compressors, which their employees perform service on (i.e. maintaining, servicing, repairing, or disposing of equipment) involving the refrigerant? ☒ YES _____ NO

B. If YES:

- i. Does facility have Recovery/Recycle or Recovery only equipment? _____ YES _____ NO*

WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) And PRE-TREATMENT/UNDERGROUND INJECTION CONTROL (UIC)

- Sanitary Sewerage permit only*
1. Observe/Ask: Does the facility dispose of any wastewater (e.g., from its manufacturing processes, wash water or other industrial wastes)? ☒ YES ☒ NO
2. If yes: Does the facility discharge wastewater into a--

REFER to program office if you check an answer marked with *.

- receiving stream? ☐ YES ☐ NO
- municipal sewer (sanitary or storm) system? ☒ YES ☐ NO
- subsurface disposal system (septic system, drywell or cesspool)? ☐ YES ☐ NO

As applicable, ascertain the name of the stream or sewer system.

3. An NPDES permit is required for discharge to a waterbody; a pretreatment permit is usually issued by the municipality authorizing the discharge to a sanitary sewer system; and a UIC permit is required for subsurface disposal. Does the facility have a permit for each discharge? ☐ YES ☒ NO*
4. Does the facility treat wastewater prior to discharge? ☒ YES ☐ NO
5. Observe: *Could not observe Aerate*
 - a. Is the effluent from the wastewater treatment facilities clear and free of solids? ☐ YES ☐ NO*
 - b. Is equipment clean and well maintained? ☐ YES ☐ NO*
 - c. Are there any unusual odors? ☐ YES* ☐ NO
6. Ask: Is the effluent currently in compliance with the limitations established in the permit, or the terms of an administrative or judicial compliance order? ☒ YES ☐ NO*
7. Observe/Ask:
 - a. How are waste fluids disposed of? *to sewer*
 - b. Does the facility have floor or storm drains? ☒ YES ☐ NO

If YES:

Is there fluid in the drains? Is there evidence (staining, etc.) of fluid entering drains? Are storm drains situated so that they could receive spills from truck loading accidents, etc?

 - c. Does the facility operator indicate, or is there any evidence that any wastewater, or wastes/spills go into drains? ☐ YES* ☐ NO

B. STORM WATER

1. Are there catch basins, drains, culverts, ditches, etc. on the property intended to convey storm water. ☐ If yes ---

REFER to program office if you check an answer marked with *.

a) Is the storm water conveyed to a (1) treatment facility, (2) combined sewer, (3) separate storm sewer, or (4) surface water?
To run make pond over flow to Delaware River

Are the storm water discharges covered by a permit or has the discharger applied for a permit? Yes

Are materials stored outside? Fuel Oil If yes ----

a) Are materials (1) stored in sealed containers, under tarps or roofs, or (2) are they open to contact with precipitation?

(b) Are outside material handling/storage areas clean and kept in a manner to prevent contamination of runoff? Yes

PUBLIC WATER SUPPLY

1. Observe/Ask: Does the facility have its own water supply (i.e., a well)? YES ~~NO~~
2. If YES: Does the facility provide potable water for 25 or more persons? YES NO
3. If YES: Is the facility sampling and analyzing for contaminants in its water supply and reporting the results to the state? YES NO*

EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT (EPCRA)

EMERGENCY PLANNING and COMMUNITY RIGHT TO KNOW

ASK:

1. A. Does the facility have present any of the 360 "Extremely Hazardous Substances" in excess of established threshold planning quantities? YES ~~NO~~
 [Threshold planning quantities are established by regulation, vary by chemical, and range from 1 lb. to 5000 lbs.]
- B. If YES: Was the State Emergency Response Commission (SERC) and Local Emergency Planning Committee (LEPC) notified of their presence for local planning purposes? YES NO*
2. A. Has the facility had a release of an Extremely Hazardous Substance or a CERCLA hazardous substance in excess of the Superfund reportable quantity? YES* ~~NO~~
 [Reportable quantities vary by substance, ranging from 1 lb. to 5000 lbs. For the purpose of this checklist, assume 1 lb.]
- B. If YES: Was notification of the release provided? YES NO*

REFER to program office if you check an answer marked with *.

C. If YES:

- i. To whom was the notification given?
- ii. Was notification oral or written?
- iii. If oral, was a written, follow-up report submitted? ☐ YES ☐ NO*

[If facility cannot identify to whom notification was given, cannot specify whether notification was written or oral, or is not certain whether oral notification was followed by a written follow-up report, *REFER*.]

- 3. A. Does the facility have on site Material Safety Data Sheets (MSDS) for all hazardous chemicals used, as required under OSHA's Hazard Communication Standard? ☒ YES ☐ NO*
- B. If any hazardous chemicals are present in excess of 10,000 lbs., or Extremely Hazardous Substances are present in excess of the threshold planning quantities, have the MSDS (or a list of MSDS), along with chemical inventory forms, been submitted to state and local emergency planning authorities and the local fire department? ☐ YES ☐ NO*

N/A

EPCRA, ContinuedTOXIC RELEASE INVENTORY (TRI)

Ask:

- 1. Does the facility have 10 or more full-time employees? ☒ YES ☐ NO
- 2. Is the facility classified under SIC codes 20 through 39? ☒ YES ☐ NO

If the response to either 1. or 2. is "NO," no further questions are required.

- 3. If both 1. and 2. are YES: -

Did the facility use more than 10,000 lbs. of a chemical during a previous calendar year (starting with 1987). ☐ YES ☒ NO

- 4. If YES:

Did the facility file a Section 313 Toxic Chemical Release Inventory Form R for the chemical? ☐ YES ☐ NO*

For more EPCRA information, call 1-800-535-0202; or the Region II program offices for EPCRA-Emergency Planning and Community Right To

REFER to program office if you check an answer marked with *.

Know at 908-321-6194 or for EPCRA-Toxic Release Inventory at
908-906-6890.

REFER to program office if you check an answer marked with *.

TOXIC SUBSTANCES CONTROL ACT (TSCA)

Ask:

1. A. Does the facility use electrical equipment that contains polychlorinated biphenyls (PCBs) (excluding small capacitors and florescent light ballasts)? ☐ YES* ☒ NO
- B. IF YES:
 - i. How many oil filled electrical transformers does the facility have?
 - ii. How many PCB Transformers does the facility have (transformers which contain PCBs at concentrations of 500 ppm or greater)?
2. A. Does the facility have any high temperature hydraulic systems? ☐ YES ☒ NO
- B. If YES:
 - i. Have PCBs ever been used in these systems? ☐ YES* ☐ NO
 - ii. What is the current PCB concentration in these systems?
3. A. Does the facility have any oil filled heat transfer systems? ☐ YES ☒ NO
- B. If YES:
 - i. Have PCBs ever been used in these systems? ☐ YES* ☐ NO
 - ii. What is the current PCB concentration in these systems?
4. A. OBSERVE PCB Items (transformers, capacitors, containers)
 - Are any leaking? ☐ YES* ☐ NO
 - Do all have a PCB label? ☐ YES ☐ NO*
5. A. ASK: Does the facility have a PCB storage for disposal area? ☐ YES* ☒ NO
- B. If YES, OBSERVE the PCB storage area. Does it have --
 - PCBs stored for disposal in it? ☐ YES* ☐ NO
 - a roof and walls to keep out rain? ☐ YES ☐ NO*
 - a 6" high impervious containment berm? ☐ YES ☐ NO*
 - a PCB label? ☐ YES ☐ NO*
 - Is it in the 100-year flood plain? ☐ YES* ☐ NO
 - Do all items show the date "removed from service for disposal"? ☐ YES ☐ NO*

REFER to program office if you check an answer marked with *.

TSCA, Continued

6. ASK: Does the facility manufacture or import into the United States "new commercial chemicals" [i.e., chemicals which were not previously manufactured in or imported into the United States]? YES* X NO

[Note: Specific information on such chemicals is protected by TSCA as Confidential Business Information, and should not be obtained.]

For further TSCA information, call the TSCA Assistance Office in Washington at 202-554-1404 or the Region II TSCA program office at 908-321-6759.

SPILL PREVENTION, CONTROL AND COUNTERMEASURE (SPCC)**40 CFR Part 112.1-112.7**

Ask:

1. A. Does the facility store oil? X YES NO

[Note: Oil is not limited to petroleum oil; for example, vegetable oil and transformer oil are regulated oils.]

B. If YES, does the storage capacity exceed --

- i. 660 gallons in any one above-ground tank? YES* NO
 ii. 1320 gallons in all above-ground tanks? X YES* NO
 iii. 42,000 gallons in underground tank(s)? YES* NO

2. If the answer to any part of #1. B. was YES, did the facility show you a copy, or have available a Spill Prevention, Control, and Countermeasure (SPCC) Plan?

X YES NO*

3. Did the facility have an oil spill within the last 12 months? YES* X NO

Facility Response Plan (FRP)**40 CFR Part 112**

- 1) Does the facility have an above-ground oil storage capacity that is greater than or equal to 42,000 gallons and conduct operations that include over-water transfers of oil to or from vessels?

 Yes* X No

REFER to program office if you check an answer marked with *.

2) Does the facility have an oil storage capacity greater than or equal to one million gallons?

___ Yes* ☒ No

3) Did the facility submit a Facility Response Plan to the EPA?

___ Yes ___ No ☒ N/A

WETLANDS

1. Observe:

A. Are there any wet areas (i.e., marshes, swamps, bogs) on or adjacent to the site, with or without wetlands-type vegetation such as cattails, rushes, or sedges? ___ YES ☒ NO

[Sketches of several common wetlands plants are attached. Note that there need not be standing water in order for an area to be designated a federal wetland; and some wetlands have shrubs and trees present.]

B. Are there any waterbodies or waterways on or adjacent to the site? ___ YES ☒ NO

2. If answer to # 1. A or B was "YES," is there any work (clearing, filling, dredging, ditching, construction on or over the area, etc.) being conducted in these areas, or is there any evidence that such activities have occurred very recently? ___ YES ___ NO

3. If YES:

A. When was the work undertaken? _____

B. Does the facility have any permits for this work? ___ YES ___ NO*

4. If YES:

A. What agency(s) issued such permits? _____
(E.g., U.S. Army Corps of Engineers; State environmental agency.)

B. For any federal permits, what specific type of permits are they (i.e., nationwide, regional, individual)? _____

If facility is unable to provide adequate information in response to # 4., *REFER* to program office.

REFER to program office if you check an answer marked with *.

FEDERAL INSECTICIDE, FUNGICIDE AND RODENTICIDE ACT

FIFRA

If the inspection is conducted at a manufacturing facility, ask the following:

1. A. Are there any pesticides manufactured, relabeled, or repackaged at this establishment?

___ YES ~~___~~ NO X

(Pesticide is (1) any substance or mixture of substances intended for preventing, destroying, repelling, or mitigating any pest, or (2) any substance or mixture of substances intended for use as a plant regulator, defoliant, or desiccant.)

B. If YES, continue:

Does the establishment have an EPA Establishment Number? (EPA EST. #)

___ YES ___ NO*

(Section 7 of FIFRA requires all establishments producing, relabeling and/or repackaging pesticides be registered with EPA.)

- C. If Yes, enter the Establishment Number here
_____ and continue:

- D. Has the company filed the Annual Pesticide Production Report form?

___ YES ___ NO*

(Report is due on March 2 of each year for the previous year's production.)

If the inspection is conducted at a storage-distribution facility or at a retail facility, ask the following:

2. A. Are there any pesticides being held for sale, distribution, or stored at this facility (warehouse)?

X YES ___ NO

B. If YES, continue:

Are there any restricted use pesticides stored, or held for distribution, sale at this facility?

___ YES X NO

C. Are there any containers leaking?

___ YES* X NO

D. Are pesticides stored next to strong acids, mineral acids, caustic and/or oxidizing materials?

___ YES* X NO

If the inspection is conducted at a site where there is a suspicion/indication that pesticides were not properly used, observe and record any visible adverse effects such as human adverse reaction(s), fish kill, dead birds, dead wildlife, plant damage, etc, and ask the following:

3. A. Have pesticides been applied by you (or by an employee of your company or by a pesticide application company?

Done by licensed applicator X YES* ___ NO

B. If YES, continue obtaining the following information:

- Date of application,
- Name of pesticide applied,
- Name of pesticide applicator company (if applicable) or person in your company who made the application,
- Address and/or phone number of pesticide applicator company (if applicable),
- Type of health complaints from employee (if applicable),
- Contact person for follow-up.

REFER to Program Office if you check an answer marked with *.

CRIMINAL ACTS

During the course of this inspection, has anything been brought to your attention which would indicate the following:

1. Is the facility involved in deliberate acts of dumping or discharging wastes?

___ Yes* X No

2. Is there any evidence of bad intent or conduct? For example, falsification of records or efforts to conceal activities?

___ Yes* X No

3. Has there been any actual harm to individuals as a result of violations?

_____ Yes* ☒ No

4. Other activity or behavior which you believe indicates criminal behavior?

_____ Yes* ☒ No

Refer to Criminal Investigation Division if you checked Yes.

Revised, 8/96.

Attachment BREGION II MEDIA PROGRAM SECTION CHIEFS (and Alternate Contacts)

AIR (incl. CFCs, but not Asbestos): Karl Mangels, 637-4078

AIR -Asbestos: Robert Fitzpatrick, 637-4042

EPCRA: Toxic Release Inventory: Dan Kraft, 908-321-6669
Nora Lopez, 908-906-6890

Emergency Planning & Community Right-to-Know:

John Higgins, 908-906-6194

Federal Facilities: John Gorman, 637-4008

FIFRA: Fred Kozak, 908-321-6769

NPDES and Pretreatment: Ari Harris, 637-3763

Public Water Supply: Doug McKenna, 637-4244

Radiation: George Brozowski, 637-4007

RCRA: Joel Golumbek, 637-4140

Removal Actions: Richard Salkie, 908-321-6658
Bruce Sprague, -6656
John Witkowski, -6991

SPCC/FRP: Doug Kodama, 908-906-6905

TSCA: Dan Kraft, 908-321-6669
Dave Greenlaw, 908-906-6817

UIC & UST: John Kushwara, 637-4232

Wetlands: Daniel Montella, 637-3801

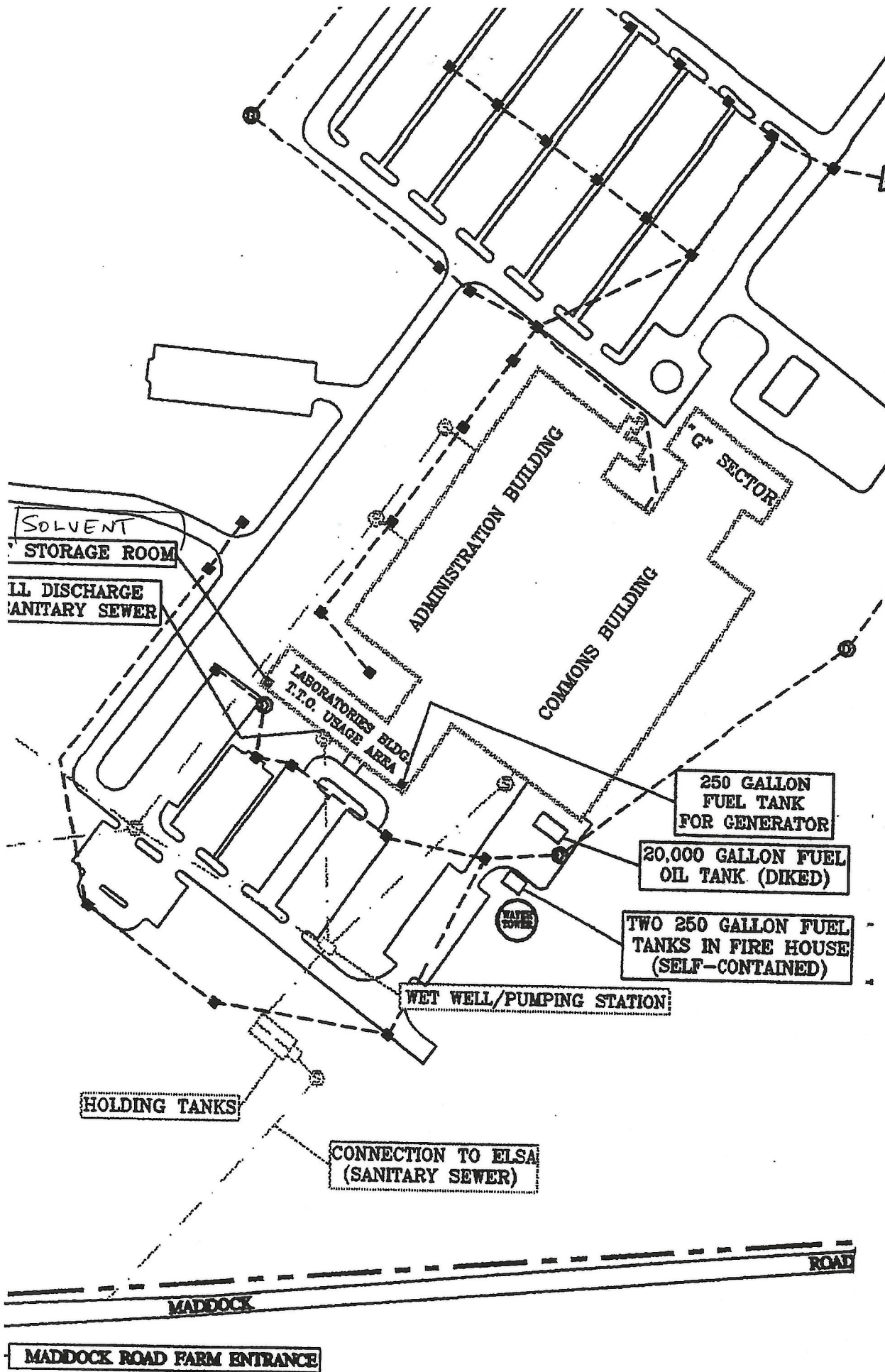
Criminal Investigations Division - William V. Lometti: 637-3634

Section Chiefs should contact their appropriate counterpart(s) on the above list concerning potential violations noted on the checklist or otherwise.



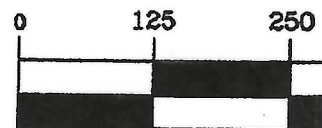
ACILITIES FOR EMERGENCY R

**ANSEN PHARMACEUTI
EWELL TOWNSHIP, NJ**



- STRUCTURES
- PARKING AREAS/
- WATER RETENTION
- STORM SEWERS
- STORM SEWER IN
- STORM SEWER M/
- SANITARY SEWER
- SANITARY SEWER
- VOLATILE MATERL
- SOUTHERLY/EAST

GRAPHIC



(IN FEET
1 inch = 2

